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OF CORRESPONDENCE ADDRESS**

Application Number	09/683,228
Filing Date	12/04/2001
First Named Inventor	Robert O'Kane
Art Unit	2142
Examiner Name	Mescol, Michael, D.
Attorney Docket Number	O'Kane 228

I hereby revoke all previous powers of attorney given in the above-identified application:

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

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OR


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I am the:

☐ Applicant/Inventor

☒ Assignee of record of the entire interest. See 37 CFR 3.71  
Statement under 37CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Scott McCleskey		
Date	7/14/2005	Telephone	801-360-5154

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

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